

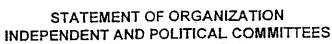


STATEMENT OF ORGANIZATION INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No 00 /3 6 9/1 50	2. Type of Filing	
3. Full Name Of Committee (Must Include Sponsor or Affiliate)	☐ 2a. Original	
CITEZENS ASSOCIATION OF ROY TOWNSHIP (PRACE)	2b. Amendment to Item(s)# 4ac_	
MT. CLEMEAS. MICHIGAN	2c. Date Change(s) Took Place	
1 A O T	10 3/ 2000	
3a. Acronym or Abbreviation (if any) C, A, R, T	Month Day Year	
3b. Name of Sponsor or Affiliate: CITIZEN ASSOCIATION OF RAY TWO. 3c. Are you a Separate Segregated Fund (SSF)? TYES 3d. The sponsor is a (check one box): Corporation Labor Organization Don	nestic Dependent Sovereign	
4. Committee Mailing Address (May be P.O. Box): P.O. Box RomEo Mi 480	65	
4a. Committee Street Address (Maynot be P.O. Box) 2140 31 MIE RAY Mi 48096		
4a. Committee Street Address (Ma <u>viou</u> be F.O. Box)		
5. Date Committee Was Formed (In Michigan)Mo 6 Day 8 Year 2000 6. Committee Area Code and Phone Number (810) 995-849		
7. Name and Mailing Address of Committee Treasurer	a	
Godber Chery D to Box 1	Romeo Mi 48065	
Last Name M. I. Street Address or P.O. Box	City State Zip Code	
Area Code and Phone (810) 995 - 8491 Driver License # (Optional)		
8. Type of Committee (Please check one box)	mmittee	
Designated Record keeper. Name and address of the person (other than the treasurer) who will be responded.		
9. Designated Record Reeper. Name and address of the person (other than the treasurer) who will be responsibilities, leave this in Campaign Statement filings. If committee treasurer will personally handle these responsibilities, leave this in	tem blank.	
Last Name M.i. Street Address	City State Zip Code	
Area Code and Phone () - Driver License # (Optional)		
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures, loans and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement can not be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds.		
11a, Official Depository:	State M Zip Code 48065	
11b. Secondary Depository:	•	
Name Street Address City	State Zip Code	
12. Complete if committee is being registered to support or oppose specific candidates. Candidate Name Office Sought County of Residence	e Party (if any)	
13. Complete if committee is being registered to support or oppose specific ballot proposals.	Support Dppose	
Ballot Proposal: SEE ATTachment		
If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.		
	п	
☐ Statewide ☐ Multi-County ☐ County	☐ Local	
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, a complete to the best of my knowledge of belief. Current Treasurer Type or Print Name Signature	Date 10 - 31-260 Mo. Day Year	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS



TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION

Leg. # 2000 300002

ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.	FOR OFFICIAL USE ONLY	
1. Committee Identification No. 1369/1- 50	2. Type of Filing	
3. Full Name Of Committee (Must Include Sponsor or Affiliate)		
CITIZENS ASSOCIATION of Ray Township P.AC.	2c. Date Change(s) Took Place	
3a. Acronym or Abbreviation (If any) C.A.R.T	Month Day Year	
3b. Name of Sponsor or Affiliate: CHTZEN ASSOCTIATION OF Ray TODON Ship.		
3c. Are you a Separate Segregated Fund (SSF)? □YES ★NO		
3d. The sponsor is a (check one box): ☐ Corporation ☐ Labor Organization ☐ Dome	estic Dependent Sovereign	
4. Committee Mailing Address (May be P.O. Box): P.O. Box Romeo Mi 480	65	
4a Committee Street Address (May not be P.O. Box)		
5. Date Committee Was Formed (In Michigan) Mo Lo Day 8 Year 2000s. Committee Area Code and	Phone Number (8162) 995-849	
7. Name and Mailing Address of Committee Treasurer	HTYPE A D	
GODBEY CHERYL D POBOY!	Kompo 5 th 19065 City Zatate NZip Code	
Last Name	City Zatate NXIP Code	
Area Code and Phone (816) 995 - 849 Driver License # (Optional) 8 Type of Committee (Please check one box) Political Committee Independent Com	ommittee	
6. Type of Committee to Class Class Committee to Committee to Committee to Committee to Committee to Committee to Com		
Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Last Name First Name M.I. Street Address .	City State Zip Code	
Area Code and Phone () - Driver License # (Optional)		
10. A REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000 will be automatically lost if the committee exceeds the \$1,000 threshold. (Please note that direct and in-kind	00 in a calendar year. The Reporting Walver	
The strategic of the St	iendar year conflictoward the 3-amounts	
received for the next calendar year. If a request for a Reporting Waiver is not received on or before the statement, that campaign statement can not be waived.	e illingueadine orași equilor	
11. Names and Addresses of depositories or intended depositories of committee funds.	104	
Name Street Address 141 SarthMain City KMFO	State Mi Zip Code 48005	
11h Secondary Depository:	State Zip Code	
12. Complete if committee is being registered to support or oppose specific candidates.		
Candidate Name Office Sought County of Resid	dence Party (if any)	
13. Complete if committee is being registered to support or oppose specific ballot proposals.	☐ Support ☐ Oppose	
Bailot Proposal: If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of		
voters eligible to vote on the proposal reside.		
□ Statewide □ Multi-County □ County	Li LOCAL	
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and		
complete to the best of my knowledge or belief. Current Choo II D. Codhed	Date 10-18-2000	
Treasurer Type or Print Name Signature	Mo. Day Year	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION

INDEPENDENT AND POLITICAL COMMITTEES OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION

Leg. # 2000 300002

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IT IN COLUMN ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.	FOR OFFICIAL USE ONLY	
13/011-51	2. Type of Filing	
1. Committee locumous	🕱 2a. Original	
3. Full Name Of Committee (Must Include Sponsor or Affiliate)	☐ 2b. Amendment to Item(s)#	
CITIZENS ASSOCIATION OF Ray Township PAC	2c. Date Change(s) Took Place	
Test		
3a. Acronym or Abbreviation (If any) C. A. R. T	Month Day Year	
3b. Name of Sponsor or Affiliate: CHIZEN ASSOCTIATION OF Ray TOWN Ship.		
3c. Are you a Separate Segregated Fund (SSF)? □YES MNO		
3d. The sponsor is a (check one box): U Corporation U Cosporation	estic Dependent Sovereign	
4. Committee Mailing Address (May be P.O. Box): PO. Box Romeo Mi 480	365	
4a. Committee Street Address (May not be P.O. Box)		
5. Date Committee Was Formed (In Michigan) Mo Lo Day 8 Year 2000s. Committee Area Code and Phone Number (815) 995-849		
7. Name and Mailing Address of Committee Treasurer		
GODBEY CHERYL D POBOY First Name M. I. Street Address or P. O. Box	Romes \$11 18065	
Last Name First Name M. I. Street Address or P. O. 8ox	City Zitate NZip Code	
Area Code and Phone (80) 995 - 849 Driver License # (Optional)		
3 Type of Committee (Please check one box) Political Committee Independent Committee		
9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Last Name First Name M.I. Street Address	City State Zip Code	
Last Name		
Area Code and Phone (100 in a calendar year. The Reporting Walver	
10. **REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver 10. **REPORTING WAIVER: The Committee exceeds the \$1,000 threshold.* (Please note that direct and in-kind contributions, expenditures, loans and will be automatically lost if the committee exceeds the \$1,000 threshold.* (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.*) Funds left over from one calendar year count toward the "S amount outstanding debt all count against the \$1,000.00 Reporting Waiver is not received on or before the filing deadline of a required campaign received for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds.	in USN.F	
11. Names and Addresses of depositories or intended depositories of committee folials. 11a. Official Depository: D+N Bank Name Street Address 141 Sanh Main City Romeo	State Mt Zip Code 4 1005	
11b. Secondary Depository: Name Street Address City	State Zip Code	
12. Complete if committee is being registered to support or oppose specific candidates. County of Res	sidence Party (if any)	
SPE attachment	☐ Support ☐ Oppose	
13. Complete if committee is being registered to support or oppose specific ballot proposals.		
Ballot Proposal: If not a statewide proposal, list the county, city, township, village or school district involved. If multi-cour voters eligible to vote on the proposal reside.	nty, list the county where the greatest number of	
□ Statewide □ Multi-County_ □ County	□ Local	
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and		
complete to the best of my knowledge or belief. Current Treasurer Cheev P. Godbey Charge Stadbly	Date 10-18-2000 Mo. Day Year	
Type or Print Name Signature	,	